

# REQUEST FOR ADVANCE FUNDS

**IL OR GRANT NUMBER:**
**PERIOD COVERED:**

NO.	BUDGET LINE ITEM	1 <sup>st</sup> MONTH	2 <sup>nd</sup> MONTH	3 <sup>rd</sup> MONTH	TOTAL
1					
2					
3					
4					
5					
6					
7					
8					
	TOTAL				

The undersigned hereby certifies:

- 1 That the above represents the best estimates of funds needed for expenditures to be incurred over periods indicated.
- 2 That appropriate refunds of credit to the Grant will be made in the event funds are not expended.
- 3 That appropriate refund will be made in the event of disallowance in accordance with the terms of the grant.

BY: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_